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DEPARTMENT OF ECOLOGY
STATE OF WASHINGTON NORTHERN REGIONAL OFFICEAPPLICATION FOR CHANGE/TRANSFER
OF WATER RIGHT

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For filing with the Department of Ecology or with County Conservancy Boards

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF
ECOLOGY MUST ACCOMPANY THIS APPLICATION**

(Check all that apply.)

- ☐ Change purpose(s) of use
☐ Add purpose(s) of use
☒ Change point(s) of diversion/withdrawal
☐ Add point(s) of diversion/withdrawal
☒ Change/transfer place of use
☐ Other (i.e. consolidation, intertie, trust water)

Explain: _____

FOR OFFICE USE ONLY

CHANGE No. CG3-27708 WRIA 57DATE ACCEPTED 3 / 14 / 2008 BY KYFEE \$500.00 REC'D 3 / 11 / 08CHECK No. 536001

ECY Coding: 001-002-WR10285-000011

SEPA: ☐ Exempt ☒ Not exempt****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)******1. Applicant Information:**

APPLICANT/BUSINESS NAME Liberty Lake Sewer & Water District #1	PHONE NO. (509)922-5443	FAX NO. (509)926-7691
ADDRESS 22510 E. Mission		
CITY Liberty Lake	STATE WA	ZIP CODE 99019

CONTACT NAME (IF DIFFERENT FROM ABOVE) F. Lee Mellish, District Manager	PHONE NO. (509)922-5443	FAX NO. (509)926-7691
ADDRESS SAME		
CITY SAME	STATE	ZIP CODE

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER Permit Certificate No. G3-27708P	RECORDED NAME(S) Consolidated Irrigation District #19
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

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APP. NO. _____ PERMIT NO. _____ CERT. NO. _____ CERT. OF CHANGE NO. _____

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
See Attached								

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
See Attached								

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?
EXISTING: ☐ YES ☐ NO PROPOSED: ☐ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Municipal Supply	4500 gpm	3600	All-Year
Irrigation	4500 gpm	3600	April 1 st to Oct. 1 st

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Municipal Supply	4500 gpm	3600	All-Year
Irrigation	4500 gpm	3600	April 1 st to Oct. 1 st

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
Consolidated Irrigation District Service Area							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
					Spokane		
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
See attached							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
					Spokane		
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?
☒ YES ☐ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):

Additional Water Rights currently owned by Liberty Lake Water & Sewer District: Certificates G3-26247C, G3-20130C, G3-00811C, G3-01023C, 1953-A, & 1978-A

6. Remarks and Other Relevant Information:

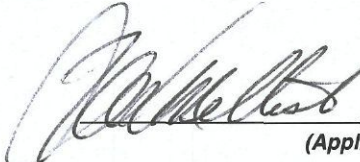
<i>The water right application proposes to change/transfer the Points of Withdrawal from Consolidated Irrigation District wells to Liberty Lake Sewer & Water District wells.</i>
<i>The application also proposes to change to the Place of Use from the Consolidated Irrigation District Service Area to the Liberty Lake Sewer & Water District Service Area. The two water districts are located adjacent to each other in the eastern portion of Spokane County.</i>
IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

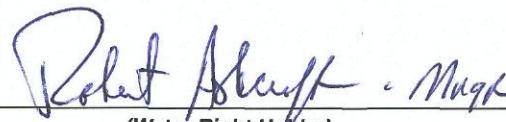
Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.


Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

 Manager 3 1 5 1 0 8
(Applicant) (Date)

 3 1 5 1 0 8
(Water Right Holder) (Date)

 waterbury 3 1 5 1 0 8
(Land Owner(s) of Existing Place of Use) (Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- | | |
|---|---|
| <input type="checkbox"/> APPLICATION FEE NOT ENCLOSED | <input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE |
| <input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED | <input type="checkbox"/> SECTION _____ IS INCOMPLETE |
| <input type="checkbox"/> OTHER/EXPLANATION: _____ | |

STAFF: _____ DATE: ____/____/____

ATTACHMENT FOR
APPLICATION FOR CHANGE

Point(s) of Diversion/Withdrawal - ☐ Existing ☒ Proposed:

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Sprague Well	S01	SE	SE	15	25N	45E	55154.0511	AHC 952
Kenny Well	S02	NW	NW	15	25N	45E	55152.9153	AHC 953
Mission Well	S03	NE	NW	15	25N	45E	55151.2709	ABR 847
Valleyway Well	S04	NW	SW	14	25N	45E	55143.9010	ABR 846
Schultz Well	S05	E1/2	NW	14	25N	45E	55142.4533	AHC 948

DO YOU OWN THE ABOVE POINT(S) OF DIVERSION/WITHDRAWAL? ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

Purpose(s) of Use - ☐ Existing ☐ Proposed:

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE

Place of Use - ☐ Existing ☒ Proposed:

LEGAL DESCRIPTION OF LANDS							
Area served by the Liberty Lake Sewer & Water District. The place of use of							
this water right shall be consistent with the Service Area map contained							
within the most recently approved water system plan (including amendments).							
See attached Service Area map.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN ABOVE PLACE OF USE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							
LLSWD is municipal water purveyor to multiple land owners.							

If you require this document in an alternate format, please contact the Water Resources Program at (360) 407-6600 or TTY (for the speech or hearing impaired) at 711 or 1-800-833-6388.